

GUIDE TO CONSTABLE LICENSES

Pursuant to MGL Chapter 41 Section 91B, a license must be obtained before serving as a Constable in the City. Licensure is valid from the date of the license through December 31 of the same year only, and includes the obligation to make quarterly payments to the City of Somerville for your service of civil process. The application fee for a Constable License is \$100.00.

To complete the application:

1. Fill in all information requested, and sign the Application for a Constable License. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in the Criminal History Systems Board Public Records Request Information.
2. In the section marked “Attorney Recommendation,” obtain a recommendation and signature from an Attorney who lives in your city of residence.
3. In the section marked “Reputable Citizens Recommendation,” obtain recommendations and signatures from four reputable citizens who live in your city of residence.
4. If you reside in Somerville, proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury	Monday–Wednesday, 8:30 AM – 4:00 PM
93 Highland Avenue (City Hall)	Thursday, 8:30 AM – 7:00 PM
617 625-6600 x3500	Friday, 8:30 AM – 12:00 PM
5. Deliver all materials to the Mayor’s Office (93 Highland Avenue, Somerville, 02143, 617 625-6600 x2100). The Mayor will obtain a recommendation from the Police Chief, and will make a determination on recommending approval to the Board of Aldermen. The Board usually meets on the 2nd and 4th Thursday of the month.
6. If the Mayor recommends approval to the Board of Aldermen, and if the Board of Aldermen votes to approve your appointment, the City Clerk’s Office will send you a letter informing you of your approval, and instructing you on how to be sworn in.
7. Before you can be sworn in, you will be required to pay the Application Fee of \$100.00, and provide the City Clerk with an original Constable Bond in the amount of \$5,000.00.
8. After being sworn in, you should proceed to the Police Department’s Traffic Bureau, 220 Washington Street, to obtain a Constable’s Identification Card. Cards are usually issued on Thursday mornings or by appointment (617 625-6600 x7243).

Note that under Massachusetts General Laws, you are obligated to make certain payments to the City of Somerville for your service of civil process. The last two pages of this Application are provided for your information to explain the details of these quarterly payments. Your ongoing appointment as Constable is subject to the timely receipt of these quarterly payments.

APPLICATION FOR A CONSTABLE LICENSE

City of Somerville, Commonwealth of Massachusetts

Date_____

To the Honorable Mayor and the Board of Aldermen of the City of Somerville:

The undersigned respectfully prays that he/she may be granted a license to operate as a Constable in the City of Somerville. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Mayor or Board of Aldermen. Such permission shall be revocable at any time at the pleasure of the Board of Aldermen.

Name_____ Date of Birth_____

Address, City, Zip_____

I have lived at this address since_____ Telephone_____

Present Employer_____ Present Occupation_____

I currently hold a Firearms Identification Card issued in Massachusetts: _____True _____False

I currently hold a valid Gun Permit issued in Massachusetts: _____True _____False

I presently serve as an appointed Constable in the following cities or towns:

City or Town	Year first Appointed	City or Town	Year first Appointed
--------------	----------------------	--------------	----------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I seek appointment for the following reasons_____

I have the following qualifications_____

I expect to serve the following organizations_____

I certify that I am a citizen of the United States and that all statements in this application are true and accurate under the pains and penalties of perjury.

Signature_____

APPLICATION FOR A CONSTABLE LICENSE
City of Somerville, Commonwealth of Massachusetts
Page 2

Applicant Name _____

ATTORNEY RECOMMENDATION:

I, being a member of the Massachusetts Bar in good standing for the last _____ years, and being a resident of the applicant's home community of _____, do state upon honor that the applicant is personally known to me, that I have reviewed this application, and believe each of the statements on it to be true, and that the applicant is a person of good moral character and reputation, and competent to perform the duties of a Constable.

Signature _____ Print Name _____

Business Address _____

REPUTABLE CITIZENS RECOMMENDATION:

We, the undersigned citizens of _____, hereby certify that the applicant is personally known to us, that we have reviewed this application, and believe each of the statements on it to be true, and that the applicant is a person of good moral character and reputation, competent to perform the duties of a Constable.

<u>Signature</u>	<u>Name (Print)</u>	<u>Street Address</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

POLICE CHIEF RECOMMENDATION:

I, the Chief of Police, having reviewed this application for appointment or reappointment as a Constable and having, at the request of the Mayor, investigated the reputation and character of the applicant and his or her fitness for the office, all as provided by MGL c. 41 s. 91B, recommend that this application be:

____ Approved ____ Denied

Signature _____ Date _____

CRIMINAL HISTORY SYSTEMS BOARD
PUBLIC RECORD REQUEST INFORMATION

Last Name

First Name

M.I.

Maiden Name

Date Of Birth

Social Security Number
(Requested But Not Required)

List any aliases used:

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: _____
2. Address of taxpayer/applicant's business in Somerville: _____
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: _____ evening: _____

I, _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# _____	# _____	# _____	# _____

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** _____



City of Somerville, Massachusetts
Finance Department, Treasury Division
Joseph A. Curtatone
Mayor

Dear City of Somerville Constable:

Changes in the state law regarding service of civil process by constables were made by the State Legislature as a result of Chapter 140 of the Acts of 2003, Sections 20 and 21. These changes amended sections 95A and B and require you to deposit with the City Treasurer 25% of the fees collected during the preceding month for the service of civil process under the fee structure established in section 8 of chapter 262.

These changes also require you to submit an annual report to the City Treasurer on or before April 15th of each year, signed under the penalties of perjury, of all fees and money received by you under section 8 of chapter 262 for the service of civil process. This report must include an itemization of all civil process fees charged by the constable's civil process office, all revenue received from said fees and all amounts paid by the constable to any city or town treasurer on account of such civil process fees under section 95A.

You are hereby notified that 25% of all of the fees you collect under civil service of process must be turned over via a check made payable to the City of Somerville, c/o the Treasurer's office. The City requires that you make payments no less than quarterly, and no later than 15 days following the end of each quarter, using the enclosed remittance form. In addition, you must submit an annual report to the City Treasurer on or before April 15th of each year.

Should you have any questions regarding this matter, please do not hesitate to contact the Treasury Department at (617) 625-6600 x-3500. Thank you.



City of Somerville, Massachusetts
Finance Department, Treasury Division
Joseph A. Curtatone
Mayor

QUARTERLY CONSTABLE REMITTANCE FORM

This form must be submitted with your quarterly payment to the City of Somerville's Treasury Department on or before January, April, July and October 15th of each year.

This Report includes processes served from (month/year)_____ through (month/year)_____

PRINT NAME:_____

COMPANY (if applicable):_____ PHONE:_____

ADDRESS:_____

Please list. Attach additional sheets as necessary.

Section 8 Fee Type	No. of Transactions	\$Collected	\$Remitted Herewith
--------------------	---------------------	-------------	---------------------

Total Remitted: \$_____

I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

SIGNATURE:_____ DATE:_____

Please make your check payable to the **City of Somerville** and forward it to the Treasury Department, address below.